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HEALTH COMMISSION CITY AND COUNTY OF SAN FRANCISCO

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MINUTES

JOINT CONFERENCE COMMITTEE FOR ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER Tuesday, May 24, 2022 3:00 p.m. REMOTE MEETING VIA WEBEX EVENT

1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair

Commissioner Laurie Green, M.D.

Excused: Commissioner Susan Belinda Christian, J.D.

Staff: Susan Ehrlich MD, Adrian Smith, Dan Schwager, Jennifer Boffi, Karen Hill, Basil Price

Lisa Winston MD, Lukejohn Day MD, Michael Gerchow, Daphne Nguyen,

Jim Marks MD, Leslie Safier, Aiyanna Johnson, Andrea Turner

The meeting was called to order at 3:03pm

2) <u>APPROVAL OF THE MINUTES OF THE APRIL 26, 2022ZUCKERBERG FRANCISCO GENERAL JOINT CONFERENCE COMMITTEE MEETING</u>

Mr. Morewitz noted that Commissioner Chow suggested the following correction under Section 4, "ZSFG Quality Strategic Improvement:"

"Commissioner Green asked whether goals were set too high for some of the metrics. She also asked if some of the star-related metrics are more heavily weighted. Dr. Day stated that ZSFG was ambiguous ambitious with its goal setting."

Action Taken: The Committee unanimously approved the amended April 26, 2022 meeting minutes.

3) REGULATORY AFFAIRS REPORT

Daphne Nguyen, Director of Regulatory Affairs, presented the item.

Commissioner Comments:

Commissioner Green asked for an update on the interpreter use. Ms. Nguyen stated that there will be an update in June.

Commissioner Green requested information regarding the regular timeline for signing of autopsy reports. Ms. Nguyen stated that she will check with stakeholders and will report back to the JCC when she has more information.

Commissioner Chow asked for clarification about the most recent complaints. Ms. Nguyen stated that the complaint was staff being concerned about nurses being pulled away from moderate sedation to assist with GI procedures such as endoscopies. She noted that no date was specified on this complaint.

4) ZSFG SAFETY STRATEGIC IMPROVEMENT PLAN

Adrian Smith, Chief Quality Officer & Lisa Winston, M.D., Chief of Medical Staff, presented the item.

Commissioner Comments:

Commissioner Chow asked if targets noted on page 9 are externally required. Ms. Safier stated that these are internal targets. She noted that ZSFG set goals of 20% reduction from the baseline to determine these internal goals.

Commissioners Chow and Green asked for more information regarding the goals for falls, noting this area still has much room for improvement. Dr. Winston stated that there are no benchmarks from comparable institutions so ZSFG continues to develop its own goals, using its past data for comparison.

Commissioner Chow noted concern that embedding benchmarks in the individual departments may lead to the work not being centrally tracked.

Commissioner Chow asked for more information regarding the original of the patient reorientation program changes. Mr. Smith stated that ZSFG wants to embed patient safety in all the departmental work; there will be a particular focus on fall prevention efforts.

5) ZSFG CHIEF EXECUTIVE OFFICER'S REPORT AND EMERGENCY DEPARTMENT NEWSLETTER

Susan Ehrlich, Chief Executive Officer, presented the item.

SAFETY 1. COVID-19 - Returning Safely Together

San Francisco, similar to the rest of California, the U.S., and the world, is in a rapidly changing environment with respect to COVID-19. The following are the latest changes and updates in our COVID-related operations; we are continually assessing these policies and practices:

Indoor Meeting Cap Lifted

Effective Monday, April 25th, the indoor meeting cap was lifted; the maximum number of participants in an indoor meeting or gathering will be based on the normal capacity for the room. Attendees must continue to wear masks and food and drinks are not allowed. For rooms with natural ventilation from the outside, opening windows during meetings or gatherings is encouraged to improve ventilation.

Updated Visitor Policy

As of Friday, May 6th, the visitation policy has been updated. ZSFG is now allowing up to four visitors at a time, with up to six visitors per day, for patients not expected to live past 48 hours. Additionally, farewell visits now allow four visitors at a time, with up to twelve visitors per day and two remaining while the patient passes.

EQUITY

2. Equity Seeds Grant Program: 4M Specialty Clinic

In 2021, ZSFG received \$54,663 from the San Francisco General Hospital Foundation to support the Equity Seeds Grant Program. This fund, managed by the Equity Council, allows different ZSFG units to apply for seed funding to create unit-based equity learning series or equity work groups and/or have facilitated conversations about race and racism and how it impacts the workspace, patients care, and patients' health outcomes. The Ambulatory Care, 4M Surgical Specialties Clinic received a grant for "Constructive Conversations & Equity Training," and have recently begun their trainings, provided by external consultant Anatasia Kim, PhD.

In March 2021, the department deployed a staff survey, which provided some important feedback about sources of communication breakdown and perspectives on race/ethnicity at work:

SURVEY QUESTION	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
I understand how government action and policies contribute to the differences in health between racial/ethnic groups	31% (n=4)	69% (n=9)			
My department is taking active steps to improve racial equity	15% (n=2)	69% (n=9)	15% (n=2)		
Managers in my department treat staff from all racial/ethnic groups with respect	23% (n=3)	61% (n=8)	8% (n=1)		8% (n=1)
Staff in my department treat patients from all racial/ethnic groups with respect	15% (n=2)	77% (n=10)		8% (n=1)	

To address these areas of concern, Dr. Kim provided four sessions, two with the 4M Equity Committee and two department-wide workshops. In these workshops, the teams explored responses to stressors of the work environment that lead to dysfunction. They learned that, as a group, they tend to "flock" to others with whom they are most comfortable, stifling efforts to communicate across cultures and teams. Dr. Kim also taught an eight-step pathway to more productive and respectful communication. The 8 steps were: (1) goal; (2) barriers; (3) values; (4) opener; (5) action; (6) listen; (7) respond; and (8) repeat.

4M will close out the series with Dr. Kim by developing a sustainable Diversity, Equity, and Inclusion plan to foster long-term culture change in their workplace using this framework. Since working with Dr. Kim, 4M has created multiple tools to deepen their understanding of and connection with each other and their work, including:

- A multi-disciplinary Equity Committee
- A DEI Celebration Board (right)
- A recipe exchange
- DEI reflection huddles using the 21-Day Racial Equity Challenge materials
- An appreciation and gratitude practice
- Data stratification by REAL variables



Following the series, the department is committed to creating a more equitable environment that values and supports diverse staff, seeks ways to better serve our patients, and measures their progress with a continuous improvement mindset.

DEVELOPING OUR PEOPLE

3. Thank you, Dr. Carlisle!



Dr. Sue Carlisle, our outgoing Vice Dean, with Dr. Elena Fuentes-Afflick, our incoming Vice Dean

May 2nd was Dr. Sue Carlisle's last official day as Vice Dean for UCSF at ZSFG. It's hard to imagine ZSFG without Sue. She joined the UCSF faculty in 1990, 32 years ago, after completing UCSF residencies in internal medicine and in anesthesia, as well as a chief residency year here in anesthesia in 1989-90. She was named the ZSFG Chief of Anesthesia in 1999, has been our leader in the Dean's Office since 2003, and was named the first female Vice Dean of UCSF at ZSFG in 2012.

Beyond her tenure and the esteemed positions she has held at ZSFG, what's most meaningful is what she's meant to people and the legacy she's leaving us. So many of our Chiefs here at ZSFG describe how she supported them during their earliest years as leaders, and through particularly challenging times. One person even told a story of how Sue supported her when she was an intern and Sue was a resident: with grace, calm and expertise. Sue was there for her.

Beyond her talent as a leader and mentor, Sue also leaves an indelible mark on the buildings here on campus. Sue was a key force in the planning and implementation of our Building 25 acute care hospital. She also had the vision, the resilience, and the patience to see the UCSF Research and Academic Building virtually to completion. Sue was the leading force behind navigating the complexities of getting two large and complex bureaucracies -- the University of California and the City and County of San Francisco -- to come to an agreement about constructing a building on this campus.

Dr. Carlisle has been an incredible leader in stewarding the relationship between UCSF and ZSFG. She is a great colleague, a mentor, and a friend to scores of people on campus. Thank you, Sue, for all that you have done for ZSFG, our patients and community, and ZSFG wishes Sue all the best on the next part of her life's journey.

DEVELOPING OUR PEOPLE

4. ZSFG Healthcare Recognitions

National Nurses Week

May 6th-12th is National Nurses Week! It's difficult to express enough gratitude for the care our nursing professionals provide to our patients and support for our teams. Well before the pandemic and certainly through it, our advanced practice nurses, registered nurses, licensed vocational nurses, and medical and patient care assistants put their heart and soul into the work they do here. Whether they provide emergency care, inpatient care, procedural care, clinic care, care coordination, education, quality improvement or management -- nurses support our staff and our patients expertly and compassionately. Nurses represent more than 30% of our workforce at ZSFG and they are truly at the heart of all that we do.

Through the immeasurable challenges of the past couple of years, most of our nurses have stayed and done much more. ZSFG has immense gratitude for our nurses and the work they do, especially now. They have continued to do their critically important work and have stepped up to do other things like COVID testing, vaccination, occupational health work, community health work and all types of work related to the pandemic and disaster relief. They have cared for families who have challenging health and social issues to contend with: they have helped to keep them well, have served them on the road back to wellness, and have cared for them at the beginning and end of life. They are focused on eliminating disparities and advocating for our patients' wellbeing in every way. Our nurses are truly amazing!

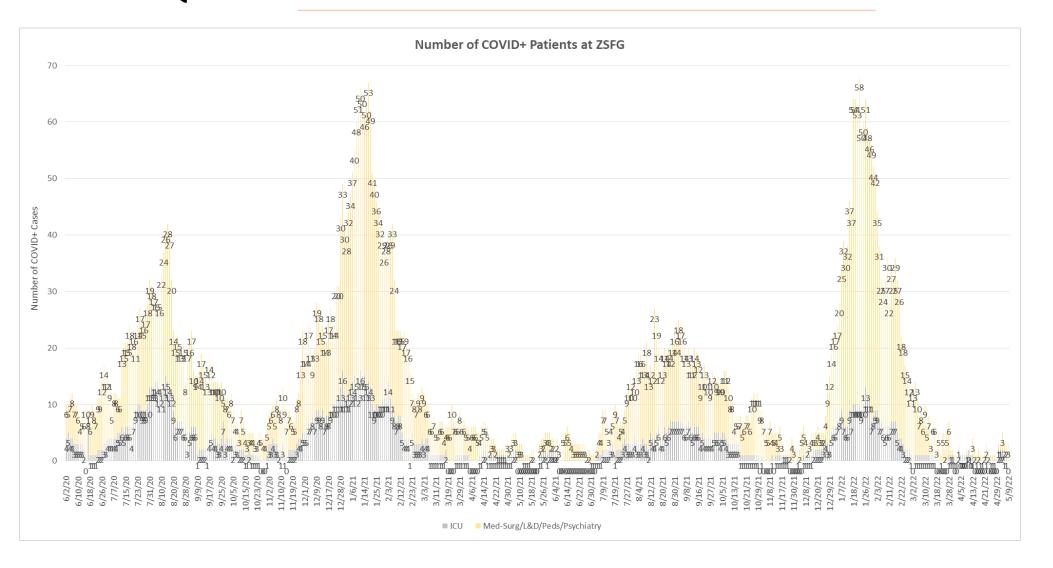




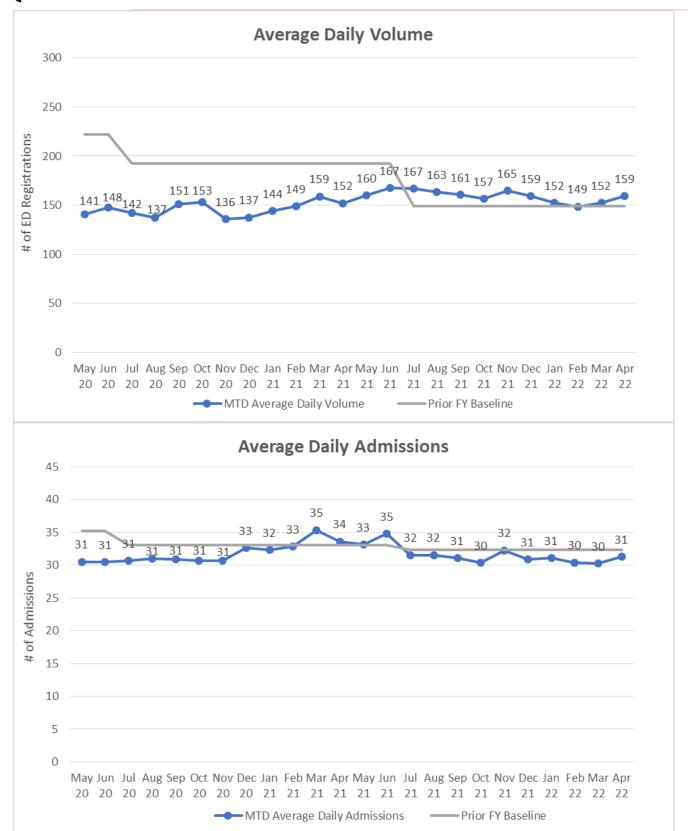


Many thanks to all our wonderful staff in all departments that go above and beyond to provide the highest level of care to our patients and community!

QUALITY ZSFG COVID+ Patients

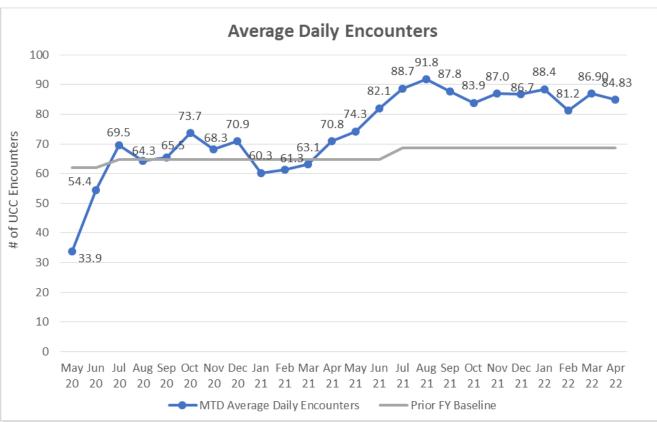


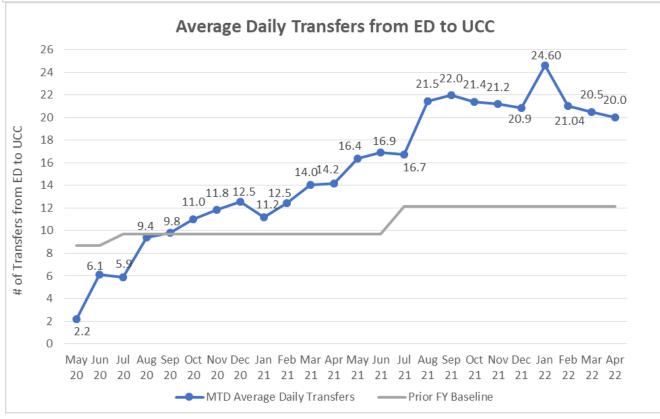
QUALITY Emergency Department Activities

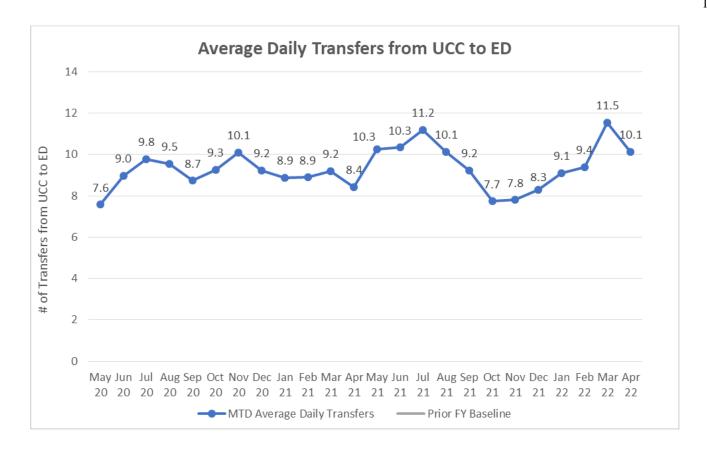




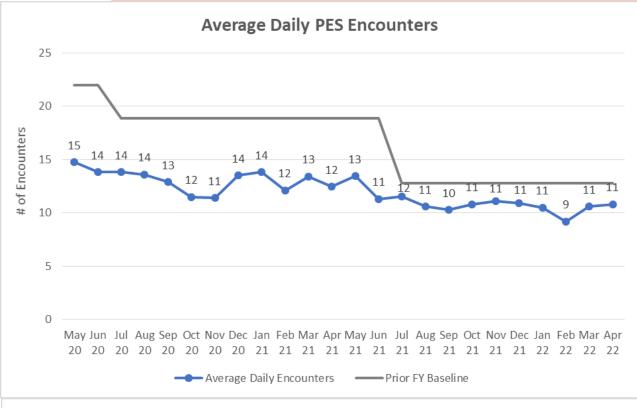
QUALITY Urgent Care Clinic Activities

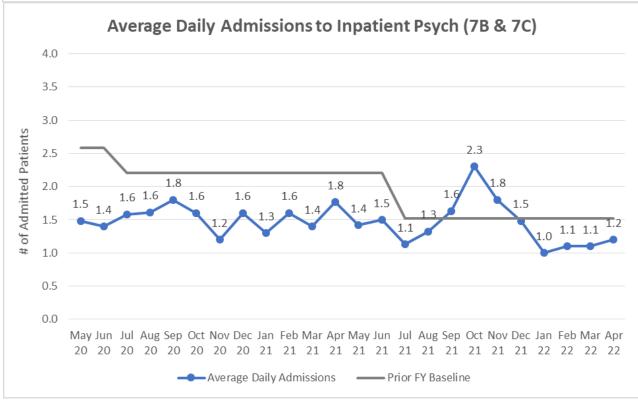


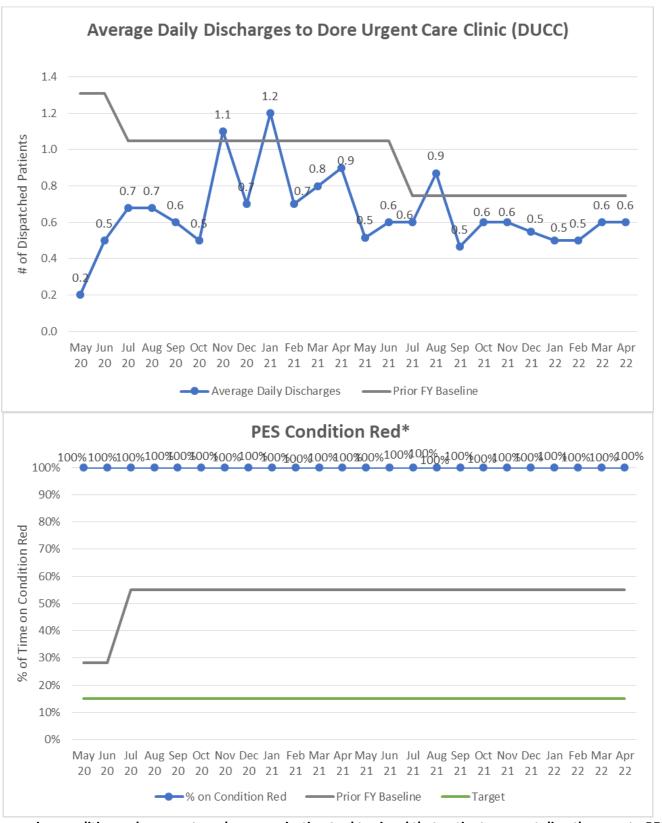




QUALITY Psychiatric Emergency Services Activities







^{*}We are using condition red as an external communication tool to signal that patients can not directly come to PES. They must be cleared by ED first.

QUALITY Average Daily Census

MEDICAL/SURGICAL

Average Daily Census of Medical/Surgical was 163.97 which is 105.11% of budgeted staffed beds and 91.60% of physical capacity. 26.25% of the Medical/Surgical days were lower level of care days: 8.80% administrative and 26.25% decertified/non-reimbursed days.

INTENSIVE CARE UNIT (ICU)

Average Daily Census of ICU was 29.37 which is 104.88% of budgeted staffed beds and 50.63% of physical capacity of the hospital.

MATERNAL CHILD HEALTH (MCH)

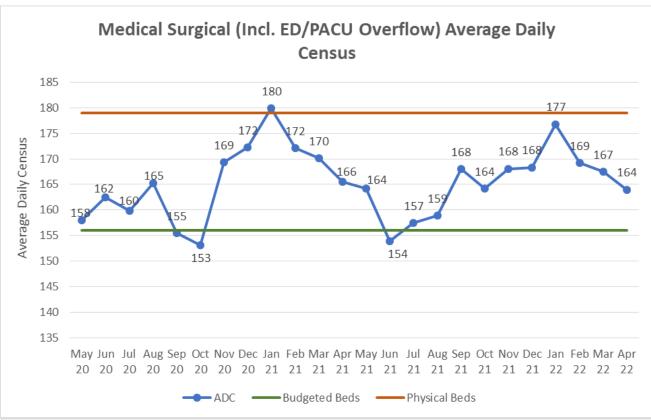
Average Daily Census of MCH was 34.37 which is 114.56% of budgeted staffed beds and 81.83% of physical capacity of the hospital.

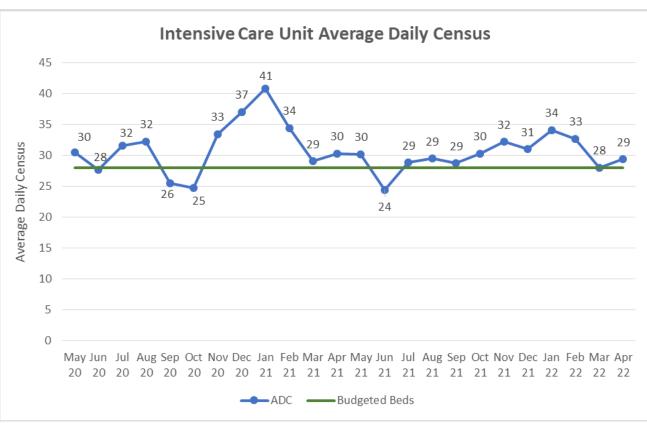
ACUTE PSYCHIATRY

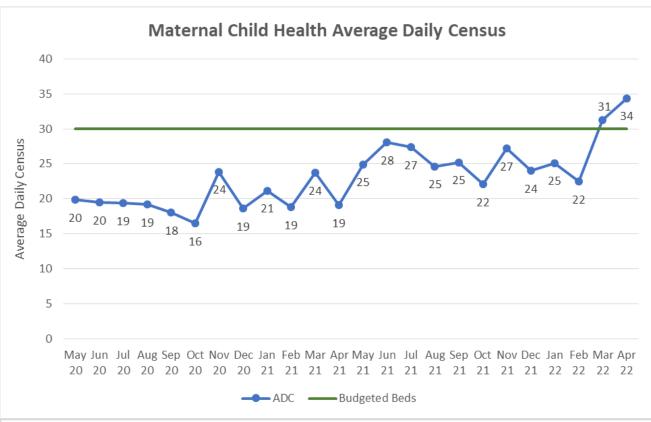
Average Daily Census for Psychiatry beds, excluding 7L, was 42.20, which is 95.91% of budgeted staffed beds and 62.99% of physical capacity (7B & 7C). Average Daily Census for 7L was 5.73, which is 81.90% of budgeted staffed beds (n=7) and 47.78% of physical capacity (n=12). Utilization Review data shows 82.23% non-acute days (30.73% administrative and 51.50% non-reimbursed).

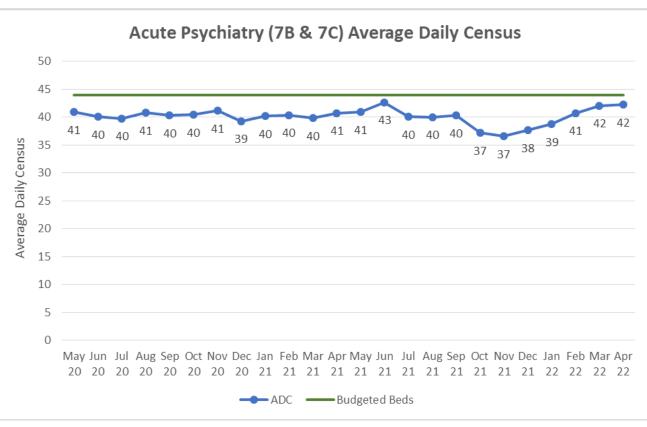
4A SKILLED NURSING UNIT

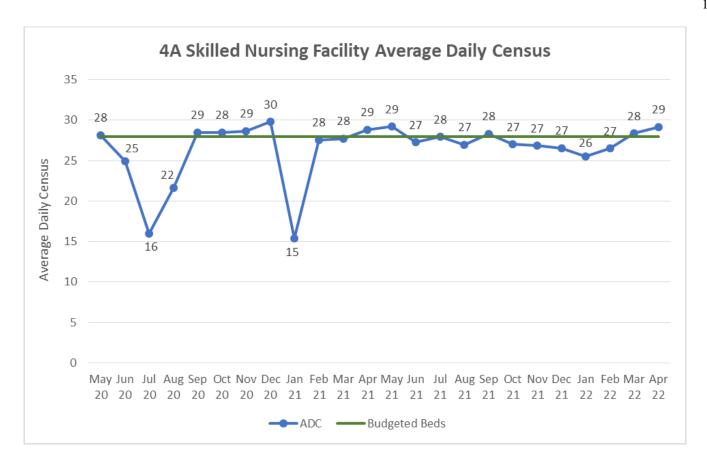
Average Daily Census for our skilled nursing unit was 29.17, which is 104.17% of our budgeted staffed beds and 97.22% of physical capacity.



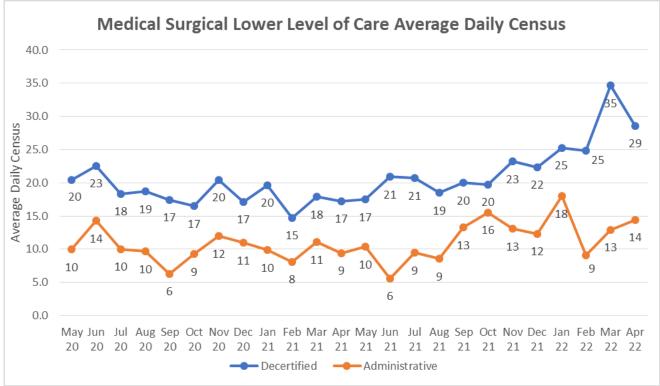


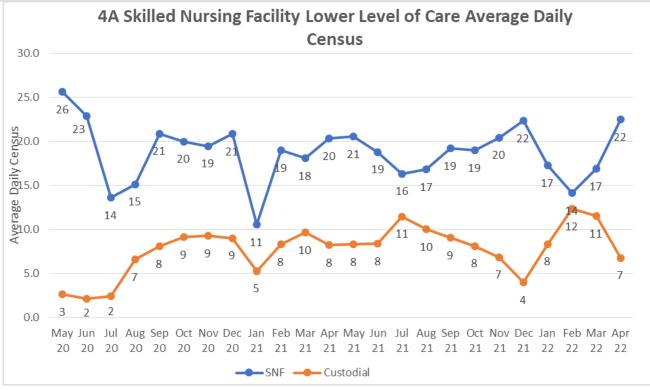


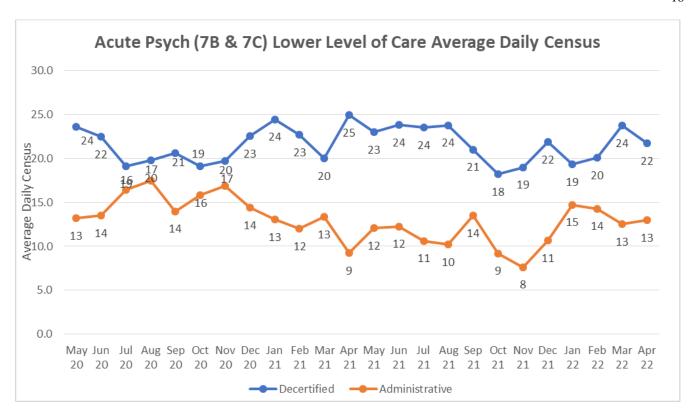




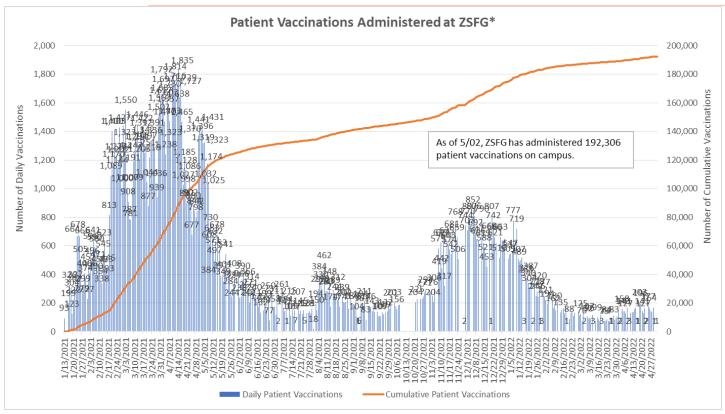
QUALITY Lower Level of Care Average Daily Census



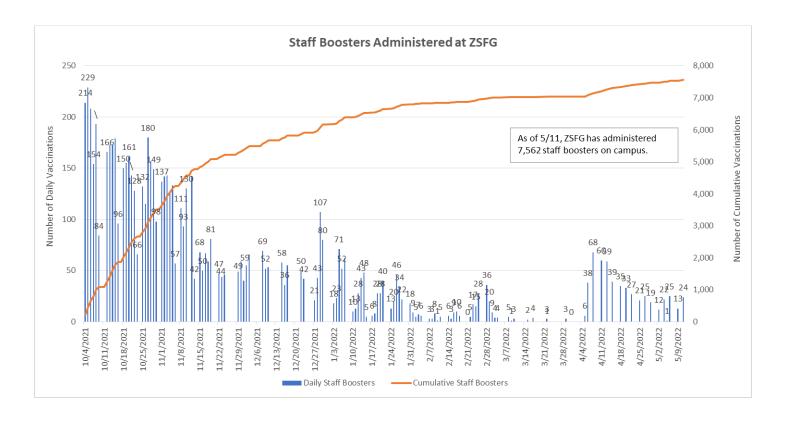




SAFETY COVID-19 Vaccinations Administered at ZSFG

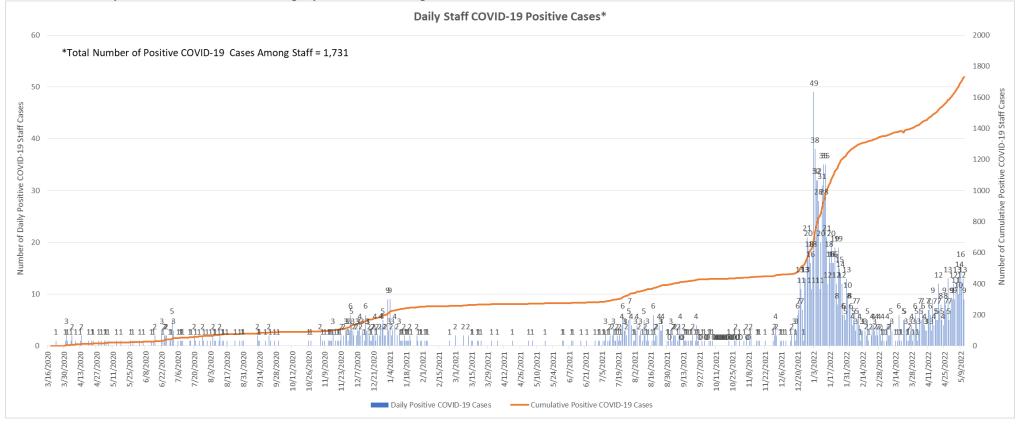


*Includes network-wide patients and members of the community.

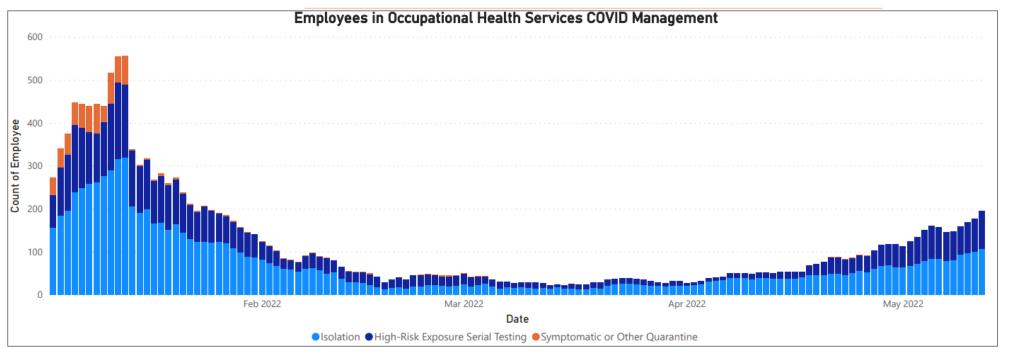


SAFETY Occupational Health COVID+ Staff Cases

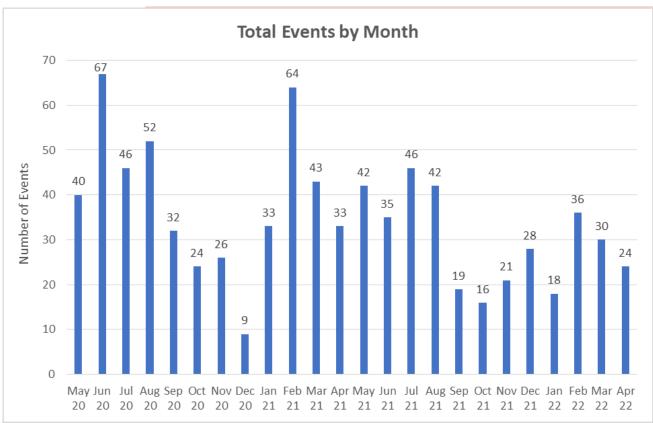
As of May 12, 2022, 1,733 ZSFG employees have tested positive for COVID-19.

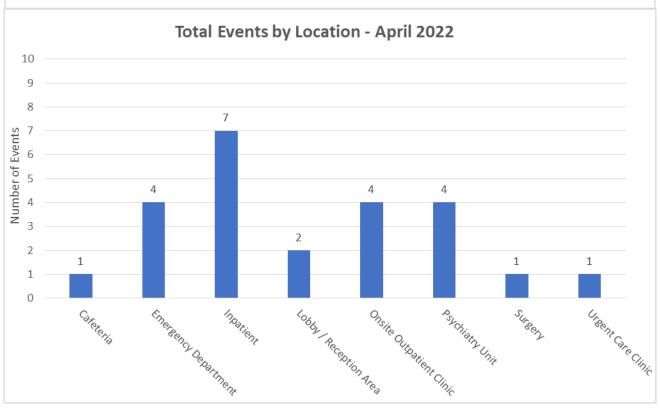


SAFETY Occupational Health Work Status Restrictions



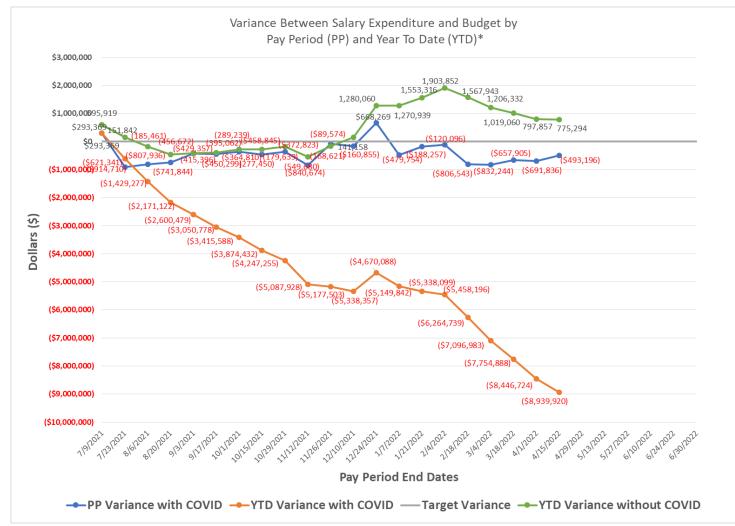
SAFETY Workplace Violence Activity





FINANCIAL STEWARDSHIP

Salary Variance



*Please note that the COVID-19 and other labor costs have not yet been separated out of our operating fund to be charged to the COVID-19 budget. Therefore, these variances will appear inflated. Below are the rough estimates for the expenses contributing to the inflated variance. The green line (above) represents what our YTD salary variance would have been without the pandemic.

No.	Cost	Amount
1	COVID Temp Hires (unbudgeted)	\$2,149,498
2	H48 COVID Staffing	\$415,200
3	H52	\$224,800
4	H58 (Non-COVID Census Project)	\$42,200
5	COVID Sick Time	\$6,883,316
	TOTAL	\$9,715,214

Public Comment:

Lily, ZSFG Emergency Department Nurse, stated that many ZSFG patients cannot be transferred to other hospitals because they require trauma care. Pods B and C are often closed. ZSFG has hiring and staff retention issues. She called upon the Health Commission to look at staff retention. Staff have no breaks and nurses have to cover up to 8 patients to cover another nurse going on break; she feels this is dangerous and that ZSFG's credentials are at stake.

Commissioner Comments:

Commissioner Chow welcomed Dr. Fuentes Affleck as the new UCSF Vice Dean at ZSFG and noted that Dr. Sue Carlisle will be missed.

Commissioner Chow noted that the ZSFG Chief Nursing Officer is also temporarily filing that role at LHH. He asked about the impact of this change. Dr. Ehrlich noted that several ZSFG leaders have been deployed to LHH to assist with the recertification efforts. This puts more pressure on those remaining at ZSFG to ensure the highest quality of care and to provide the best patient experience. She added that Gillian Otway and Christina Bloom are sharing the ZSFG Nursing leadership responsibility while Terry Dentoni is working at both campuses.

Commissioner Green noted concern about how ZSFG will manage without the option of LHH as a discharge placement for patients. Dr. Ehlich stated that the DPH and ZSFG teams are working to find all available placements ZSFG patients. She noted that the temporarily loss of LHH as an option has changed the trajectory for many ZSFG patient discharges.

Commissioner Green asked for more information regarding frequency that ZSFG OB is on diversion and how they handle accepting patients from hospitals on diversion. Dr. Ehrlich stated that she will look into this information and report back.

Commissioner Chow asked what has contributed to the decrease in workplace violence in the last months. Dr. Ehrlich stated that a huge amount of effort has been put into this area; she noted that these data depend on people reporting incidents of verbal or physical violence. The BERT team has been helpful in de-escalation of situations and each incident of violence has a root cause analysis conducted. Ms. Turner stated that Psychiatric Emergency Services and Emergency Department are a particular focus of these efforts. Mr. Smith added that the data is only as good as the rate of staff reporting incidents. He gave accolades to frontline staff who have worked hard in both unites to adapt to these changes.

Commissioner Chow noted that the public comment brought up a good point about staff retention and asked for more information. Dr. Ehrlich stated that ZSFG data shows that the hospital is within industry standards. She noted that it is a challenging time to get registry nurses and to recruit new staff because of the national shortage of nurses. She added that ZSFG will continue to increase the size and frequency of its nursing training programs to create a pipeline for new ZSFG nursing staff.

Commissioner Green noted concern about ZSFG being able to fill its nursing programs. Dr. Ehrlich stated that generally, ZSFG has not had a problem filling its nursing training programs.

6) ZSFG HIRING AND VACANCY REPORT

Karen Hill, DPH Human Resources, Director of Staffing, presented the item.

Commissioner Comments:

Commissioner Chow requested that future reports include a context and timeframe to the notes.

7) MEDICAL STAFF REPORT

Lisa Winston, M.D., Chief of Medical Staff, presented the item.

Commissioner Comments:

Commissioner Chow thanked Dr. Winston for the report.

8) OTHER BUSINESS

This item was not discussed.

9) **PUBLIC COMMENT**

There was no general public comment.

10) CLOSED SESSION

- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) <u>Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6</u>: Health and Safety Code Section 1461; and California Constitution, Article I, <u>Section 1</u>.

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PERFORMANCE IMPROVEMENT AND PATIENT_SAFETY REPORTS AND PEER REVIEWS

RECONVENE IN OPEN SESSION

- 1.Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee unanimously voted to not disclosed discussions held in closed session.

11) ADJOURNMENT

The meeting was adjourned at 5:31pm.